Form **1040** Department of the Treasury - Internal Revenue Service (99)

U.S. Individual Income Tax Return 2019

OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial	Last name	Your social security number
ANTHONY D.	TRIMINO	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
JENNIFER T.	TRIMINO	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [redacted]

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name | Foreign province/state/county | Foreign postal code

If more than four dependents, see instructions and ✓ here ▶ ☐

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
[redacted]	[redacted]	SON		X
		SON		X
		SON		X
		DAUGHTER	X	

1	Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 1			1	2,042,000.
2a	Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required	2b	2,164.
3a	Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
c	Pensions and annuities	4c	d Taxable amount	4d	
5a	Social security benefits	5a	b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			6	
7a	Other income from Schedule 1, line 9			7a	116,291.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶			7b	2,160,455.
8a	Adjustments to income from Schedule 1, line 22			8a	29,934.
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶			8b	2,130,521.
9	**Standard deduction or itemized deductions** (from Schedule A)	9	132,507.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	37,831.		
11a	Add lines 9 and 10			11a	170,338.
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-			11b	1,960,183.

Standard Deduction for -
- Single or Married filing separately, $12,200
- Married filing jointly or Qualifying widow(er), $24,400
- Head of household, $18,350
- If you checked any box under Standard Deduction, see instructions.

LHA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.** Form **1040** (2019)

913921 12-19-19

12a	Tax (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	12a 663,408.		
b	Add Schedule 2, line 3, and line 12a and enter the total ▶		12b	663,408.
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total ▶		13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-		14	663,408.
15	Other taxes, including self-employment tax, from Schedule 2, line 10		15	16,470.
16	Add lines 14 and 15. This is your **total tax** ▶		16	679,878.
17	Federal income tax withheld from Forms W-2 and 1099 SEE STATEMENT 2		17	755,549.
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your **total other payments and refundable credits** ▶		18e	
19	Add lines 17 and 18e. These are your **total payments** ▶		19	755,549.
Refund 20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**		20	75,671.
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		21a	75,671.
▶ b	Routing number 122000247 ▶ c Type: ☒ Checking ☐ Savings			
▶ d	Account number 6222202977			
22	Amount of line 20 you want **applied to your 2020 estimated tax** ▶	22		
Amount You Owe 23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ▶		23	
24	Estimated tax penalty (see instructions) ▶	24		

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions

Direct deposit? See instructions.

Third Party Designee (Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name ▶PHILIP LONDON Phone no. ▶310-478-5151 Personal identification number (PIN) ▶[redacted]

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature | Date | Your occupation GENERAL MANAGER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation OFFICE MANAGER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
PHILIP D. LONDON, CPA			P00185313	☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ LONDON & CO., AN ACCOUNTANCY CORPORATION Phone no. (310)478-5151 Firm's EIN ▶ 95-4511581

Firm's address ▶ 12100 WILSHIRE BLVD. SUITE 1540 LOS ANGELES, CA 90025

Go to *www.irs.gov/Form1040* for instructions and the latest information.

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2019
Attachment Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes STMT 3 STMT 5	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	116,291.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	116,291.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	29,934.
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 8a	22	29,934.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule 1 (Form 1040 or 1040-SR) 2019

913923 12-23-19

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2019
Attachment Sequence No. 02

Name(s) shown on Form 1040 or 1040-SR: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a [X] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s)	8	16,470.
9	Section 965 net tax liability installment from Form 965-A 9		
10	Add lines 4 through 8. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 15	10	16,470.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule 2 (Form 1040 or 1040-SR) 2019

913924 12-02-19

SCHEDULE A
(Form 1040 or 1040-SR)
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074
2019
Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) SEE STATEMENT 8	1	4,479.	
	2	Enter amount from Form 1040 or 1040-SR, line 8b 2 2,130,521.			
	3	Multiply line 2 by 7.5% (0.075)	3	159,789.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4 0.
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 6 ▶ ☐	5a	267,366.	
	b	State and local real estate taxes (see instructions)	5b	51,670.	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	319,036.	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	10,000.	
	6	Other taxes. List type and amount ▶	6		
	7	Add lines 5e and 6			7 10,000.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ ☐			
Caution: Your mortgage interest deduction may be limited (see instructions).	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	28,537.	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Mortgage insurance premiums (see instructions)	8d		
	e	Add lines 8a through 8d	8e	28,537.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10 28,537.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	93,970.	STMT 7
Caution: If you made a gift and got a benefit for it, see instructions.	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13			14 93,970.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15
Other Itemized Deductions	16	Other - from list in instructions. List type and amount ▶			16
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9			17 132,507.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ▶ ☐			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.**

SCHEDULE B
(Form 1040 or 1040-SR)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074
2019
Attachment Sequence No. 08

Name(s) shown on return: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

	Amount
WELLS FARGO BANK	1,786.
FROM K-1 - TRAFFIK, LLC C/O LONDON & CO	374.
FROM K-1 - TRAFFIK, LLC C/O LONDON & CO	4.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1		
2	Add the amounts on line 1	2,164.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶	2,164.

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer ▶

		Amount
5		
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶	

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

927501 11-19-19

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule B (Form 1040 or 1040-SR) 2019

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

ANTHONY D. & JENNIFER T. TRIMINO

Your social security number [redacted]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column **(e)** on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(f)** on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section [X] Yes [ ] No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	SEE STATEMENT 9					
B						
C						
D						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					450,928.
b Totals			334,637.		

30	Add columns (h) and (k) of line 29a	30	450,928.
31	Add columns (g), (i), and (j) of line 29b	31	(334,637.)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	116,291.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary * ENTIRE DISPOSITION OF PASSIVE ACTIVITY

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18 ▶	41	116,291.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name ANTHONY D. TRIMINO

SSN/EIN [redacted]

Passthrough AJ INVESTMENTS - AJ INVESTMENTS

ID [redacted]

TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-261,773.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-261,773.							-261,773.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)	64,859.							64,859.
Nonpassive other								
Total Schedule E (page 2)	-326,632.							-326,632.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2019

SCHEDULE E

Name ANTHONY D. TRIMINO

Passthrough AJ INVESTMENTS - AJ INVESTMENTS **ID** 35-2402397

PARTNERSHIP

SSN/EIN [redacted]

TAXPAYER

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	11,912.							11,912.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	-261,773.							-261,773.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income	-261,773.							-261,773.
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis	1,268,000.							1,268,000.

921552 02-06-20

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2019

SCHEDULE E

Name JENNIFER T. TRIMINO

SSN/EIN [redacted]

Passthrough AJ INVESTMENTS - AJ INVESTMENTS **ID** 35-2402397

SPOUSE

PARTNERSHIP

NONPASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)								
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

921551 04-01-19

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2019

SCHEDULE E

Name JENNIFER T. TRIMINO

SSN/EIN [redacted]

Passthrough AJ INVESTMENTS - AJ INVESTMENTS ID 35-2402397

SPOUSE

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2019

SCHEDULE E

Name ANTHONY D. TRIMINO

SSN/EIN [redacted]

Passthrough TRAFFIK, LLC C/O LONDON & CO - TRAFFIK, LLC

ID [redacted]

TAXPAYER

S CORPORATION

NONPASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	446,419.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	446,419.							446,419.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	446,419.							446,419.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	82,534.							82,534.
Deductions related to portfolio income								
Other								

921551 04-01-19

SCHEDULE E

Name ANTHONY D. TRIMINO **SSN/EIN** [redacted]

Passthrough TRAFFIK, LLC C/O LONDON & CO - TRAFFIK, LLC **ID** [redacted] TAXPAYER

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	374.							374.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	1,800,000.							1,800,000.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	14,967.							14,967.
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income	446,419.							446,419.
Qualified service income								
Section 199A W-2 wages	3,968,322.							3,968,322.
Section 199A unadjusted basis	516,180.							516,180.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2019

SCHEDULE E

Name JENNIFER T. TRIMINO

SSN/EIN [redacted]

Passthrough TRAFFIK, LLC C/O LONDON & CO - TRAFFIK, LLC **ID** [redacted]

SPOUSE

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	4,509.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	4,509.							4,509.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	4,509.							4,509.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	834.							834.
Deductions related to portfolio income								
Other								

921551 04-01-19

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2019

SCHEDULE E

Name JENNIFER T. TRIMINO

SSN/EIN [redacted]

Passthrough TRAFFIK, LLC C/O LONDON & CO - TRAFFIK, LLC

ID [redacted]

SPOUSE

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	4.							4.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	280,000.							280,000.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	14,967.							14,967.
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income	4,509.							4,509.
Qualified service income								
Section 199A W-2 wages	40,084.							40,084.
Section 199A unadjusted basis	5,214.							5,214.

921552 02-06-20

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2019

SCHEDULE E

Name ANTHONY D. TRIMINO

SSN/EIN [redacted]

Passthrough PRIORITY DEBT RELIEF, INC.

ID [redacted]

TAXPAYER

S CORPORATION

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)						8,005.		-8,005.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)						8,005.		-8,005.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

921551 04-01-19

SCHEDULE E

Name ANTHONY D. TRIMINO SSN/EIN [redacted]

Passthrough PRIORITY DEBT RELIEF, INC. ID 82-3825092 TAXPAYER

S CORPORATION

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

Form **8995-A**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-0123

2019

Attachment Sequence No. **55A**

Name(s) shown on return: ANTHONY D. & JENNIFER T. TRIMINO

Your taxpayer identification number: [redacted]

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	TRAFFIK, LLC	☐	☐	[redacted]	☐
B	TRAFFIK, LLC	☐	☐	[redacted]	☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

			A	B	C
2	Qualified business income from the trade, business, or aggregation. See instructions	2	187,264.	1,891.	
3	Multiply line 2 by 20% (0.20). If your taxable income is $160,700 or less ($160,725 if married filing separately; $321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	37,453.	378.	
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	3,968,322.	40,084.	
5	Multiply line 4 by 50% (0.50)	5	1,984,161.	20,042.	
6	Multiply line 4 by 25% (0.25)	6	992,081.	10,021.	
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	516,180.	5,214.	
8	Multiply line 7 by 2.5% (0.025)	8	12,905.	130.	
9	Add lines 6 and 8	9	1,004,986.	10,151.	
10	Enter the greater of line 5 or line 9	10	1,984,161.	20,042.	
11	W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10	11	37,453.	378.	
12	Phased-in reduction. Enter the amount from line 26, if any. See instructions	12			
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	37,453.	378.	
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14			
15	Qualified business income component. Subtract line 14 from line 13	15	37,453.	378.	
16	Total qualified business income component. Add all amounts reported on line 15 ▶	16	37,831.		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **8995-A** (2019)

906411 12-23-19 LHA

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than $160,700 but not $210,700 ($160,725 and $210,725 if married filing separately; $321,400 and $421,400 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

					A	B	C
17	Enter the amounts from line 3			17			
18	Enter the amounts from line 10			18			
19	Subtract line 18 from line 17			19			
20	Taxable income before qualified business income deduction	20					
21	Threshold. Enter $160,700 ($160,725 if married filing separately; $321,400 if married filing jointly)	21					
22	Subtract line 21 from line 20	22					
23	Phase-in range. Enter $50,000 ($100,000 if married filing jointly)	23					
24	Phase-in percentage. Divide line 22 by line 23	24	%				
25	Total phase-in reduction. Multiply line 19 by line 24			25			
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business			26			

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	37,831.		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28			
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	( )		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30			
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31			
32	Qualified business income deduction before the income limitation. Add lines 27 and 31 ▶			32	37,831.
33	Taxable income before qualified business income deduction	33	1,998,014.		
34	Net capital gain. See instructions	34			
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	1,998,014.
36	Income limitation. Multiply line 35 by 20% (0.20)			36	399,603.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 ▶			37	37,831.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37			38	
39	Total qualified business income deduction. Add lines 37 and 38 ▶			39	37,831.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-			40	( )

SCHEDULE C (Form 8995-A)

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

▶ Attach to Form 8995-A.
▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-0123
2019
Attachment Sequence No. **55D**

Name(s) shown on return: ANTHONY D. & JENNIFER T. TRIMINO

Your taxpayer identification number: [redacted]

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1 Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
TRAFFIK, LLC	446,419.	259,155.	187,264.
TRAFFIK, LLC	4,509.	2,618.	1,891.
AJ INVESTMENTS	-261,773.		

2 Qualified business net (loss) carryforward from prior years. See instructions	2	( )
3 Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations	3	(261,773.)
4 Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations	4	450,928.
5 Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5, the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions	5	(261,773.)
6 Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	( )

LHA **For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

Schedule C (Form 8995-A) 2019

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment Sequence No. **71**

Name(s) shown on return: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	2,080,000.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	2,080,000.	
5	Enter the following amount for your filing status: Married filing jointly $250,000 Married filing separately $125,000 Single, Head of household, or Qualifying widow(er) $200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-			6 1,830,000.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7 16,470.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly $250,000 Married filing separately $125,000 Single, Head of household, or Qualifying widow(er) $200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-			12
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly $250,000 Married filing separately $125,000 Single, Head of household, or Qualifying widow(er) $200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-			16
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV			17

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040 or 1040-SR), line 8 (check box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to Part V	18	16,470.

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	45,280.		
20	Enter the amount from line 1	20	2,080,000.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	30,160.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22	15,120.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)			23	
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040 or 1040-SR, line 17 (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions)			24	15,120.

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax - Individuals, Estates, and Trusts

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2019

Attachment Sequence No. 72

Name(s) shown on your tax return: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number or EIN: [redacted]

Part I Investment Income

☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	2,164.
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	116,291.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 11	4b	-124,296.		
c	Combine lines 4a and 4b			4c	-8,005.
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-5,841.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-			12	
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	2,130,521.		
14	Threshold based on filing status (see instructions)	14	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	1,880,521.		
16	Enter the smaller of line 12 or line 15			16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

Form **8960** (2019)

Statement SBE
Supplemental Business Expenses

2019

Your name	Social security number	Business in which expenses were incurred
ANTHONY D. TRIMINO	[redacted]	GENERAL MANAGER

Part I **Business Expenses and Reimbursements**

STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 12	4	64,859.		
5 Meals expenses	5			
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	64,859.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed in STEP 1				
7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			

STEP 3 Figure Expenses Subject to the Limitation				
8 Subtract line 7 from line 6	8	64,859.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	64,859.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶			10	64,859.

Part II **Vehicle Expenses**

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2019	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1 — 22

Section C. - Actual Expenses

			(a) Vehicle		(b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24a	Vehicle rentals	24a				
b	Inclusion amount	24b				
c	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on line 1	29				

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle		(b) Vehicle	
30	Enter cost or other basis	30				
31	Enter section 179 deduction and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38				

'ORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
TRAFFIK, LLC	1,781,000.	740,000.	265,000.	1,183.	8,240.	40,500.
TRAFFIK, LLC	261,000.			1,183.	8,240.	4,780.
'OTALS	2,042,000.	740,000.	265,000.	2,366.	16,480.	45,280.

'ORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 2

DESCRIPTION	AMOUNT
TRAFFIK, LLC	740,000.
WELLS FARGO BANK	429.
FORM 8959, LINE 24	15,120.
'OTAL TO FORM 1040, LINE 17	755,549.

:CHEDULE 1	STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 3
	2018	2017	2016
	CALIFORNIA		
:ROSS STATE/LOCAL INC TAX REFUNDS	1,609.		
,ESS: TAX PAID IN FOLLOWING YEAR			
IET TAX REFUNDS CALIFORNIA	1,609.		
'OTAL NET TAX REFUNDS	1,609.		

SCHEDULE 1 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 4

ANTHONY D. TRIMINO

TRAFFIK, LLC C/O LONDON & CO

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	14,967.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	1,800,000.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	
4	DIVIDE LINE 2 BY LINE 3	
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	
6	LINE 4 TIMES LINE 5	
7	LINE 2 MINUS LINE 6	
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	1,800,000.
.0	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	
.1	LINE 9 MINUS LINE 10	1,800,000.
.2	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	14,967.

JENNIFER T. TRIMINO

TRAFFIK, LLC C/O LONDON & CO

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	14,967.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	280,000.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	
4	DIVIDE LINE 2 BY LINE 3	
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	
6	LINE 4 TIMES LINE 5	
7	LINE 2 MINUS LINE 6	
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	280,000.
.0	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	0.
.1	LINE 9 MINUS LINE 10	280,000.
.2	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	14,967.

CHEDULE 1 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 5

	2018
ET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	1,609.
ESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	
NET REFUNDS FOR RECALCULATION	1,609.
AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E	10,000.
TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C	41,662.
SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	-31,662.
ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A	
ENTER THE AMOUNT FROM LINE 1	
SUBTRACT LINE 6 FROM LINE 5	
ADD LINE 7 TO LINE 3	
SUBTRACT LINE 8 FROM LINE 2	
.0 ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11	
.1 ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS	
.2 ENTER YOUR PRIOR YEAR STANDARD DEDUCTION	
.3 SUBTRACT LINE 12 FROM LINE 11	
.4 ENTER THE SMALLER OF LINE 10 OR LINE 13.	
.5 PRIOR YEAR TAXABLE INCOME	
.6 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1 * IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14 * IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15	
TOTAL TO SCHEDULE 1, LINE 1 (IF PRIOR YEAR REFUNDS, AMOUNT IS INCLUDED WITH STATEMENT SHOWING PRIOR YEAR REFUNDS)	

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 6

DESCRIPTION	AMOUNT
TRAFFIK, LLC	265,000.
STATE DISABILITY INSURANCE - TRAFFIK, LLC	1,183.
STATE DISABILITY INSURANCE - TRAFFIK, LLC	1,183.
TOTAL TO SCHEDULE A, LINE 5A	267,366.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 7

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
COTTONWOOD CHURCH		5,100.	
MISCELLANEOUS		5,502.	
FROM K-1 - TRAFFIK, LLC C/O LONDON & CO		82,534.	
FROM K-1 - TRAFFIK, LLC C/O LONDON & CO		834.	
SUBTOTALS		93,970.	
TOTAL TO SCHEDULE A, LINE 11			93,970.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 8

DESCRIPTION	AMOUNT
[redacted]	4,479.
TOTAL TO SCHEDULE A, LINE 1	4,479.

SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 9

NAME

EMP ID NO.

CODE	X IF FRN	BASIS COMP REQ	ANY NOT AT RISK	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
AJ INVESTMENTS								
35-2402397								
P						261,773.		
UNREIMBURSED EXPENSES								
35-2402397								
P						64,859.		
AJ INVESTMENTS								
35-2402397								
P						0.		
TRAFFIK, LLC C/O LONDON & CO								
32-0045529								
S								446,419.
TRAFFIK, LLC C/O LONDON & CO								
32-0045529								
S								4,509.
PRIORITY DEBT RELIEF, INC.								
32-3825092								
S			*	0.				
PRIOR YEAR PAL								
32-3825092								
S			*			8,005.		
TOTALS TO SCH. E, LN. 29						334,637.		450,928.

* ENTIRE DISPOSITION OF PASSIVE ACTIVITY

'ORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 11
,J INVESTMENTS		326,632.
'RAFFIK, LLC		-446,419.
'RAFFIK, LLC		-4,509.
AMOUNT TO FORM 8960, LINE 4B		-124,296.

'ORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 12

'ENERAL MANAGER

'ESCRIPTION	AMOUNT
'RIOR YEAR CARRYOVER EXPENSES ALLOWED	64,859.
'OTAL TO FORM 2106/SBE, PART I, LINE 4	64,859.